

CERTIFICATION

RE: Shamond Howard
#456039
17-871-JPG

I, _____, hereby certify that
(Name and Title of Authorized Officer - please print)

Shamond Howard currently has the sum of \$_____ on account at St. Clair
County Jail..

Signature of Authorized Officer

Dated: _____

**PURSUANT TO 28 U.S.C. § 1915(a)(2),
PLEASE ATTACH A COPY OF THE INMATE'S
TRUST FUND ACCOUNT STATEMENT
FOR THE PAST SIX MONTHS.**

Please mail the statement and this completed form to:

Clerk of Court
United States District Court
Southern District of Illinois
P.O. Box 249
East St. Louis, IL 62201